

CRITERIA FOR PRIOR AUTHORIZATION

Amrix® (cyclobenzaprine extended release)

PROVIDER GROUP Pharmacy**MANUAL GUIDELINES** The following drug requires prior authorization:
Cyclobenzaprine extended release (Amrix®)**CRITERIA FOR INITIAL PRIOR AUTHORIZATION APPROVAL** (must meet all of the following):

- Patient must have a trial and failure of or intolerance to immediate release cyclobenzaprine
- Patient must have a trial and failure of or intolerance to a second preferred muscle relaxant
- Patient must not have any of the following:
 - Concomitant use of monoamine oxidase (MAO) inhibitor **OR** use within 14 days of therapy (see **TABLE 1**)
 - Acute myocardial infarction
 - Cardiac arrhythmia, including blockage or other conductive disturbances
 - Congestive heart failure
 - Hyperthyroidism

CRITERIA FOR RENEWAL:

- Patient has had new muscle injury resulting in the necessity of additional 21 day supply of cyclobenzaprine ER
 - Documentation of new muscle injury must be included with PA request

Initial and renewal prior authorizations will be approved for one fill (maximum of 21 day supply)_____
DRUG UTILIZATION REVIEW COMMITTEE CHAIR_____
PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT_____
DATE_____
DATE**TABLE 1: MONOAMINE OXIDASE INHIBITORS (MAOIs)**

Generic Name	Brand Name
Isocarboxazid	Marplan®
Linezolid	Zyvox®
Phenelzine	Nardil®
Rasagiline	Azilect®
Selegiline	Emsam®, Zelpar®, Eldepryl®, Carbex®, Atapryl®
Tranylcypromine	Parnate®